Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Approved for use through 1/31/2007, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/589,434			ing Date 15/2006	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	LED NU	JMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		ı	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A		ı	N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A		ı	N/A	
TOTAL CLAIMS (37 CFR 1 16(i))			minus 20 = *			1	X \$ = 1		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	X S =	
If the specification and draw sheets of paper, the applic (37 GFR 1.18(e)) If the specification is seen and emi- additional 50 sheets or fract 35 U.S. C. 41(a)(1)(6) and 3					n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMS HIGHEST											
AMENDMENT	03/11/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 8	Minus	20	= 0]	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	ı	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=		X \$ =		OR	x s =	
№	Independent (37 CFR 1 16(h))	*	Minus	***	-	l	x s =		OR	x s =	
밑	Application Size Fee (37 CFR 1.16(s))					ı			l		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 0" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The collection of Internation is secured by 37 (2FE) 1.6 busineersations is ensured to obtain or entains a browfile the require limits to file (and by the LISETO to											

This collection of information is required by 37 GPR 11.6. The information is required to obtain or retain a benefit by the public let minute is to file (and by the DSI) process) an applicant Confederability of September 1.6. The information is required to obtain or retain a benefit by the public let minute is to file (and by the DSI) process) and public minute or the public let minute is to file (and by the DSI) process; and a submitting the completed application form to the USI). The well wany depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suppleation for medical pile burdon, shadould be sent to the CSI information CSID. US Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, April 221, 31. Box 100, DN OT ISSND TO COMMISSION TO CO